## MULTIPLE DEPENDENT CLAIM FEE CALCUL ON SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT		
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	U.S. DEPARTMENT of COMMERCE						

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